An Adult Patient with a Cystic Lymphangioma: Case Report
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A lymphangioma is a rare congenital malformation of the lymphatic system. An axillary cystic lymphangioma in an adult patient has rarely been presented. A 32-year-old male patient was admitted with swelling under his left armpit that persisted for approximately two months. During his physical examination, a left axillary, 12×10 cm, mobile, well-circumscribed, smooth, painless mass was detected. The patient had a history of allergic asthma. During his axillary ultrasound examination, 36 mm and 120×65 mm anechoic reactive lymphadenopathies, including thin-walled cystic lesion multiple septations and magnetic resonance imaging of the thorax, the left axillary region by the 12×6×4.5 cm lobular contour revealed a septal cystic mass. Histopathologic examination of the fluid aspiration revealed hemosiderin-laden macrophages, lymphocytes, and ground proteinaceous material. Intraoperative left arm given 4 cc of methylene blue subcutaneously to the inner face and mass was painted blue. Total excision was performed. A histopathological examination revealed a cystic lymphangioma. After surgery, the patient did not develop complications or recurrence in the follow-up for 30 months. Eighty percent of cystic lymphangiomas are seen in the posterior neck. They are often asymptomatic. Ultrasonography, computed tomography, magnetic resonance imaging, and biopsy are performed. Ultrasonography revealed multiloculated cysts. The extent of tumor computed tomography and lymphatic cystic renatured understandable. Magnetic resonance imaging with the mass limits and can be viewed in relation to the surrounding tissue. However, a definitive diagnosis is made by histologically examining the masses. Treatment is by surgical excision. After surgical excision, the prognosis is quite good. There have been local recurrence in a few cases, and fistulas and infections have also occurred. A lymphangioma is a benign tumor. It is seen usually in infants and during childhood. Radiology help, though definitive diagnosis is made by histopathologic examination. Treatment is by surgical excision.

Keywords: Adult, axilla cystic, lymphangioma

Introduction

Lymphangiomas are congenital or acquired benign tumors that are frequently observed in children and rarely in adults (1, 2). They are asymptomatic and usually reside in the head and neck region. Total excision of the mass is curative. In this study, we aimed to present a case of axillary cystic lymphangioma, rarely observed in adult patients, and to discuss it in light of the literature.

Case Report

A 32-year-old male patient was admitted with the complaints of swelling under the left axilla that lasted for about 2 months. On physical examination, mobile, well-circumscribed, soft, and painless mass of 12×10 cm was found in the left axilla. His medical history included allergic asthma. Ultrasonographic examination of the left axilla revealed a 36-mm reactive lymphadenomegaly with preserved fatty hilus and a 12×6.5-cm anechoic, thin, and multi-septated cystic lesion. No solid cystic formation covering the bilateral mammary was observed. Computed tomography and magnetic resonance imaging results revealed a 12×6-cm septated cystic mass in a lobulated contour, reaching the pectoral muscle in the left axillary lodge. Intrathoracic extension was not detected (Figure 1).

The analysis of the light yellow and clear cyst aspiration fluid revealed 94% lymphocyte dominance. Hemosiderin-loaded macrophages, lymphocytes, and proteinaceous ground material were observed on the histopathological examination of the fluid. Atypical cells were not observed. The echinococcal indirect hemagglutination test result was negative. On the basis of these findings, total mass excision was planned for the patient.

Written informed consent was obtained from the patient. By subcutaneous preoperative administration of 4 cc methylene blue in the fore arm, we reached the blue-stained lesion through an incision made over the mass. Total excision was performed. Histopathological examination of the resected specimen revealed cystic dilate in various sizes covered with flattened endothelium.
It is observed in infants and children. It is rare in adults (2), where it is observed accompanied with various predisposing factors such as trauma and infection (4). Our patient did not have any predisposing factors such as trauma and infection. Of the cystic lymphangiomas, 80% is noted in the neck, especially in the posterior region; they are observed lesser in the axillar, mediastinal, retroperitonial, and pelvic regions (5). They are usually asymptomatic, and symptoms may depend on the pressure of the mass. No symptom was noted in our case except for a palpable mass.

Lymphangioma should be distinguished from other soft tissue tumors such as lipomas, dermoid cysts, and hemangiomas. Ultrasonography, computed tomography, magnetic resonance imaging, and biopsy are used for the diagnosis. Multilocular cyst with uncertain wall thickness is observed on ultrasonography. The spread and cystic and lymphatic nature of tumor can be understood on computed tomography. The tomography of our patient detected the cystic nature and also revealed that the tumor did not reach the depth of the pectoral muscle. The boundaries of the mass and its relationship with the surrounding tissues can be monitored through magnetic resonance imaging (6). Cellularity can be examined with biopsy; however, the histopathologic examination of mass leads to definite diagnosis.

Although sclerosing agent injection and radiotherapy were tried in the treatment, no treatment efficiency was observed (7). Bleomycin or OK-432 injection may be tried when radical surgery is not possible (8, 9). The prognosis after surgical excision is quite good. To our knowledge, methylene blue injection in lymphangioma has not been reported in literature. In the present case, the mass was completely removed using methylene blue injection. Surgical margin was not specified, and local recurrences, fistulas, and infections were observed in a few cases. These complications did not occur during the two-and-a-half years of follow-up in our patient.

**Conclusion**

Lymphangioma is a benign tumor that is usually observed in children. However, its occurrence in adults should also be inspected. The treatment includes surgical excision, and since the mass is stained with methylene blue injection, it can help with total excision.

The authors declare no conflict of interest with any institution or company. This study received no financial support.

**Informed Consent:** Verbal and written informed consent obtained from patient who participated in this study.

**Peer-review:** Externally peer-reviewed.


**Conflict of Interest:** No conflict of interest was declared by the authors.

**Financial Disclosure:** The authors declared that this study has received no financial support.
References
